

Customer Return Materials Authorization

Customer Number: _____ Requested on Date: _____

Customer Details		
Company _____	Contact _____	Customer _____
Address _____	Phone _____	Fax _____
_____	Email _____	_____
City _____	State _____	Zip _____

Product Details						
Item	Qty	Serial #	Reason for Return	Invoice #	Date	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
Notes:						

Please Send to Checked Location (Note: Sending to wrong location may delay credit or have other fees getting to correct site)

_____ Houston Warehouse 15702 W. Hardy Rd Ste 220 Houston TX, 77060	_____ Dallas Warehouse 8701 John Carpenter Frwy, Ste 230 Dallas, TX 75247	_____ Corsicana Warehouse 212 Tilton Rd. Corsicana TX, 75109
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For internal use only					
RMA # _____	Restocking fee _____	Credit amount _____			
Issued by _____	Return rec'd on _____	Credit issued by _____			
Issued on _____	Return rec'd by _____	Credit issued on _____			
Original PO# _____	Replacement SO# _____	Replacement sent _____			